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978-0-521-53641-7 - Schizophrenia, Culture, and Subjectivity: The Edge of Experience

Edited by Janis Hunter Jenkins and Robert John Barrett

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Schizophrenia, Culture, and Subjectivity

Cambridge Studies in Medical Anthropology 11

This volume brings together a number of the foremost scholars – anthropologists, psychiatrists, psychologists, and historians – currently studying schizophrenia, its subjective dimensions, and the cultural processes through which these are experienced. Based on research undertaken in Australia, Bangladesh, Borneo, Canada, Colombia, India, Indonesia, Nigeria, the United States, and Zanzibar, it also incorporates a critical analysis of World Health Organization cross-cultural findings. Contributors share an interest in subjective and interpretive aspects of illness, but all work with a concept of schizophrenia that addresses its biological dimensions. The volume is of interest to scholars in the social and human sciences for the theoretical attention given to the relationship between culture and subjectivity. Multidisciplinary in design, it is written in a style accessible to a diverse readership, including undergraduate students. It is of practical relevance not only to psychiatrists, but also to all mental health professionals who encounter, day to day, the clinical problems arising at the interface of culture and psychosis.

Janis Hunter Jenkins, Professor of Anthropology and Psychiatry at Case Western Reserve University, is Principal Investigator for an NIMH-sponsored study of the subjective experiences of recovery among persons taking atypical antipsychotic medications. Professor Jenkins has published widely in the *British Journal of Psychiatry*, *American Journal of Psychiatry*, *Culture, Medicine and Psychiatry*, and *Transcultural Psychiatry*, as well as in anthropological journals such as *Ethos* and *Medical Anthropology Quarterly*.

Robert John Barrett is Professor of Psychiatry at the University of Adelaide and Clinical Advisor to the Psychiatric Services of the Royal Adelaide Hospital. Professor Barrett has published in cross-disciplinary journals such as *Culture, Medicine and Psychiatry*, and *Social Science and Medicine*, as well as in anthropological journals such as *Man*. His monograph, *The Psychiatric Team and the Social Definition of Schizophrenia* (1996), was published in the Cambridge University Press series *Studies in Social and Community Psychiatry*.

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Medical anthropology is the fastest growing specialist area within anthropology, in both North America and Europe. Beginning as an applied field serving public health specialists, medical anthropology now provides a significant forum for many of the most urgent debates in anthropology and the humanities. It includes the study of medical institutions and health care in a variety of rich and poor societies, the investigation of the cultural construction of illness, and the analysis of ideas about the body, birth, maturity, aging, and death.

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John S. Strauss is a psychiatrist and Professor Emeritus of Psychiatry at Yale Medical School. His background includes (the old) Gestalt psychology as a student of Kohler and others at Swarthmore College, an M.D. from Yale Medical School, studying with Jean Piaget, epidemiologic research on diagnosis and course of schizophrenia with WHO, and most recently, the role of subjectivity and the patient’s own efforts in the origins, course, and improvement of severe mental disorders.

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Preface

Schizophrenia is *the* defining problem for psychiatry. In the nineteenth century, American psychiatry first projected onto schizophrenia the images of treatment that it inherited from European medicine: strait-jackets, hydrotherapy, bloodletting, herbal compounds, and, of course, the asylum. Then it was moral therapy, which held up until the ethnic mix of American society changed so significantly that America could no longer project a single moral world, and contesting multicultural influences that challenged the presumptions of this “our crowd” therapeutic approach. Latterly, social Darwinism, eugenics, and social science reinvigorated a *fin de siècle* organic image of the deranged mind based in the brain tainted by degeneracy.

The twentieth century was the hothouse of psychological models, with Freudianism coming to dominate the image of what mental illness was. Side by side with psychodynamic projections, somatic treatments *evolved* – if we can call such a stop-and-go, recursive, and controversial process by this term – from insulin shock and electroconvulsive therapies through psychosurgery to what we now think of as modern psychopharmacology. The broken brain has become the dominant professional (and popular) image in America. Today’s world of biological psychiatry claims schizophrenia as its own, even though the genetic contribution to the transmission of schizophrenia has gotten more and more complex and uncertain, and there is still no biological marker in everyday clinical practice that can be used to diagnose and follow the course of the disorder.

Much of the interest in social factors – class, community, family, networks, life events – has, if not diminished, then at least lost the excitement it held several decades ago, even though some of the findings (like the relation of expressed emotions in family members to vulnerability to exacerbation and rehospitalization) seem about as robust as biological evidence. This is not true of the interest of anthropologists in the relationship between culture, collective and subjective experience, and schizophrenia. Although anthropologists make up a relatively small percentage of schizophrenia researchers, they have built a remarkable,

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multifaceted colloquy on schizophrenia in society: a colloquy that has as much to say about the social world as about schizophrenia. Moreover, in an era of experience-distant causal models and remote-control research methods in psychiatry and even psychology, the work of anthropologists continues to emphasize the “experience-near” phenomenology of the illness and treatment experiences. By and large, this tradition of research is sequestered in specialist journals and conference proceedings. Although several full-scale ethnographies have received a wider audience, I think it is still fair to say that the field of culture and schizophrenia is not well understood among mental health professionals. Even within anthropology, this is the focus of a relatively small circle.

Schizophrenia, Culture, and Subjectivity is the most serious effort to date to present what is happening in the culture and schizophrenia field. It is a broad-ranging and ambitious collection that defines why schizophrenia is important to anthropologists (and others undertaking cultural studies) and illustrates what anthropologists contribute to the study of schizophrenia. Jenkins, Barrett, et al. explain the major changes that have occurred in the conceptual frameworks of social and cultural anthropology over the past decades and why these conceptual shifts hold salience for schizophrenia. Clearly, what most mental health professionals mean by *culture* is different from what most of the contributors to this collection mean. The current anthropological consensus, which emphasizes how culture is realized differently in particular interactions, processes, and interior worlds, leads to a very different set of ideas about how culture affects psychosis.

The ethnographic descriptions, of course, make the case for the context of local worlds shaping the experience of sufferers, family members, and professionals. But those descriptions do more than that. They challenge the core pathogenetic/pathoplastic ideology of psychiatry and psychology. They rethink the symptomology and classification of schizophrenia. They make the social course of the disease a powerful analytic alternative to the much better known natural history model of prognosis. They tell us about personal, family, and community responses to schizophrenia that convince the reader that treatment and prevention include much more than professional interventions. And in so doing, a number of the chapters show how schizophrenia and its study alter how we think of inner life and intersubjective connections.

Illness experience, for the ethnographer, is a moral phenomenon because, like all forms of experience, particular things are most at stake for sufferers and their families. Schizophrenia, seen in this ethnographic angle of vision, not only has a political economy but a moral economy as well. Values are embodied and have a presence in the symptoms and course of psychosis, but they are also alive in the experience of caregivers and

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researchers, so that the entire enterprise of understanding and managing schizophrenia is inseparable from the pull and push of different and contested values and the political economy that supports them. Thus, the subject matter of ethnography is not schizophrenia as some kind of stripped-down biomedical disease entity, but schizophrenia as a nexus of the medical, the moral, the economic, and the political. The chapters in this collection differ in how they conceptualize and analyze this nexus, but they share this crucial framing. They also do what anthropology routinely does by bringing a broad comparative framework to bear in which national, regional, and local differences are prominent. This assures that important cultural and ethnic differences in how schizophrenia is lived and engaged receive the attention they deserve.

The result is a different agenda for future research and an original and iconoclastic rethinking of how schizophrenia should be studied. I don't believe the subject will ever quite be the same again for readers new to this perspective; and for those who are already initiates, their interest will be revived, as mine was. Will social theory and ethnography make a difference to patients and families? I, for one, think they could if these ideas can be translated into policies and programs. However, that is still an area of uncertainty. Can the study of schizophrenia alter anthropological approaches by, for example, making the study of inner worlds, interpersonal processes, and experiences that resist being only about difference, more central to a discipline that has become fixated on cultural representations and social constructions? The challenge is there, and it should be one of the more unsettling issues for anthropologists who read this collection. But just demonstrating that schizophrenia has as much to do with society as it has to do with biology should be seen in our biologized times as one of the book's more serious achievements.

Arthur Kleinman
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We wish to reciprocally acknowledge our editorial appreciation of one another in relation to the spark, stamina, and grace involved in seeing this volume through to completion. Likewise, this volume has benefited from the steady involvement of a number of close colleagues including Mary Jo DelVecchio Good, Arthur Kleinman, Marvin Karno, and Byron Good. For the loving indulgence of our families throughout this process, JHJ thanks her children, Vanessa and Graham, and husband, Thomas Csordas. RJB expresses his gratitude to daughter, Githie, and wife, Mitra, his most perspicacious critic of all. To the several hundred persons among whom ethnographic and clinical research was conducted globally to gain understanding of the ordinary and extraordinary courage mustered in the face of suffering and recovery from schizophrenia, we wish this book to honor you.

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